Form	, 7 1	205		U.S. Income Tax Return	for an S Cor	poratio	n	OMB No. 1545-0130	
Depa	artment o	of the Treasury enue Service	For calend	dar 1985 or tax year beginning ► For Paperwork Reduction Act Notic			_,19	1985	
A Date of election as an S corporation B Business Code No. (see Specific Instructions)			Use IRS	Name			C Employer identification number		
			label. Other- wise,	Number and street			D Date incorporated		
			please print or type. City or town, state, and ZIP code			E Total assets (see Specific Instructions Dollars Cents			
F. Cr	eck box	if there has bee	n a change i	n address from the previous year		▶[5 \$		
Income	1 a 2 (3 (4 1 5 (6 (7 N 8 (9)	a Gross receipts Cost of goods Gross profit (Faxable inter- Gross rents Gross royaltie Net gain or (Ic Other income	Gross receipts or sales						
Deductions	11 a 12 F 13 E 14 F 15 T 16 a b c 17 a b c 18 E 19 A 20 F 21 E 22 C 23	Repairs and water and wate	wages ee instruct ee instructi e instructi pense requile K-1, lin ine 16b f on from Fo on claimed ne 17b fro onot dedu it-sharing nefit progrations (atta	b Less jobs credit tions) terest expense not claimed elsewhere ons) quired to be passed through to sharehold les 9, 13a(2) and 13a(3) from line 16a from 4562 (attach Form 4562) d on Schedule A and elsewhere on return om line 17a cuct oil and gas depletion. See instruction , etc. plans rams ach schedule) ons—Add lines 10 through 22 and enter Subtract line 23 from line 9	16a ders 16b 17a 17b 16ns).	Balance I	11c 12 13 14 15 16c 17c 18 19		
Tax and Payments	25 T a b c c 26 F a b c c 27 T	Tax: Excess ne Tax from S Add lines Payments: Tax depos Credit for Fe Add lines TAX DUE (sul	et passive Schedule 25a and 2 sited with ederal tax of 26a and 2 btract line	income tax (attach schedule)	25a 25b 26a 26b 26b 27c 26a 27c 27c		25c 25c 26c 27		
Plea Sign Her	1		true, correc	jury, I declare that I have examined this return, inclut, and complete. Declaration of preparer (other than			nts, and to the	e best of my knowledge and as any knowledge.	
Paid Preparer's Use Only		Preparer's signature			Date Date	Title Check if self-employed	Prepa	arer's social security number	
		yours, if se	Firm's name (or yours, if self-employed)					No. Pcode	

Fo	rm 1120S (1985)	Page 2
Sc	chedule A Cost of Goods Sold and/or Operations (See instructions for Schedule A)	
1 2 3 4 5 6 7 8	Inventory at beginning of year	
-	 (i) ☐ Cost (ii) ☐ Lower of cost or market as described in Regulations section 1.471–4 (see instructions) (iii) ☐ Writedown of "subnormal" goods as described in Regulations section 1.471–2(c) (see instructions) (iv) ☐ Other (Specify method used and attach explanation) ► b Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) c If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO	es
A	dditional Information Required	
	Did you at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).). If "Yes," attach a schedule showing: (1) Name, address, and employer identification number; (2) Percentage owned; (3) Highest amount owed by you to such corporation during the year; and (4) Highest amount owed to you by such corporation during the year. (Note: For purposes of G(3) and G(4), "highest amount owed" includes loans and accounts receivable/payable.) Refer to the listing of Business Activity Codes and state your principal: Business activity ▶ ; Product or service ▶ Were you a member of a controlled group subject to the provisions of section 1561? Did you claim a deduction for expenses connected with: (1) Entertainment facilities (boat, resort, ranch, etc.)? (2) Living accommodations (except for employees on business)? (3) Employees attending conventions or meetings outside the North American area? (See section 274(h).) (4) Employees' families at conventions or meetings? If "Yes," were any of these conventions or meetings outside the North American area? (See section 274(h).)	
K	(5) Employee or family vacations not reported on Form W-2?	
M N	Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-A, or 926	

(a) Distributive share items		(b) Total amount	t
(Losses) and Deductions			
	1		
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			-
			-
			-
et gain (loss) under section 1231 (other than due to casualty or theft)			
			_
			-
pense deduction for recovery property (section 179 expense) *			
her deductions (attach schedule)	9		
bs credit *	10		
her credits (see instructions) *	11	<u></u>	
farance Itams	· · · · · · · · · · · · · · · · · · ·		_
erence items			
celerated depreciation on nonrecovery real property or 15-year or 18-year real property	12a		
celerated depreciation on leased personal property or leased recovery property other than 15 (or			
3)-year real property	12b		
	12c		
•	12d(1)		
· · · · · · · · · · · · · · · · · · ·	12d(2)		
· · · · · · · · · · · · · · · · · · ·	12e(1)		
			-
, (12f		-
	40 (4)		
, introduction debte modified before 12 17 05 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
, investment designical real services 11 70 but after 12 10 00			
investment debts medited diters 1075	1 1		
) investment meetic metaded on page 1,1 on 1 1 1 200			
investment expenses included on page 1,1 only 1120d		A	
) Income from "net lease property"			
	13c(2)		
cess of net long-term capital gain over net short-term capital loss from investment property	13d		
Taxes			
no of income			
	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		//X//////
	146		
			-
			
her (attach schedule)	14g		
ems			
ings (lines 23 and 24 of Schedule L)	15		
l property distributions (including cash) other than dividend distributions reported on line 15	16		,,,,,,,,,,,
	V/////////////////////////////////////		//////////////////////////////////////
er items and amounts not included in lines 1 through 16 that are required to be reported			
	epletion (other than oil and gas)	rdinary income (loss) (page 1, line 24) *	rdinary income (loss) (page 1, line 24)* vidends qualifying for the exclusion 2 thort-term capital gain (loss) (Schedule D (Form 1120S)) 4 tet pain (loss) under section 1231 (other than due to casualty or theft). 5 their income (loss) (attach schedule) 6 charitable contributions. 7 cheese deduction for recovery property (section 179 expense)*. 8 cher deductions (attach schedule) 9 cher deductions (attach schedule) 10 cher deductions (attach schedule) 11 cher deductions (attach schedule) 12 cher deductions (attach schedule) 13 cher deductions (attach schedule) 14 cher deductions (attach schedule) 15 cher deductions (attach schedule) 16 cher deductions (attach schedule) 17 cher deductions (attach schedule) 18 cher deductions (attach schedule) 19 cher deductions (attach schedule) 10 cher deductions (attach schedule) 11 cher deductions (attach schedule) 12 cher deductions (attach schedule) 13 cher deductions (attach schedule) 14 cher deductions (attach schedule) 15 cher deductions (attach schedule) 16 cher deductions (attach schedule) 17 cher deductions (attach schedule) 18 cher deductions (attach schedule) 18 cher deductions (attach schedule) 19 cher deductions (attach schedule) 10 cher deductions (attach schedule) 10 cher deductions (attach schedule) 11 cher deductions (attach schedule) 12 cher deductions (attach schedule) 13 cher deductions (attach schedule) 14 cher deductions (attach schedule) 15 cher deduction (attach schedule) 16 cher deduction (attach schedule) 17 cher deduction (attach schedule) 18 cher deduction (attach

previously taxed								
29 Total liabilities and shareholders' equity	V	V/////////////////////////////////////						
Analysis of Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Adjustments Account, and Other Adjustments Account (If Schedule L, column (d), amounts for lines 25, 26, or 27 are not the same as corresponding amounts on line 9 of Schedule M, attach a schedule explaining any differences. See instructions.)								
	Shareholders' undistributed taxable income previously taxed	Accumulated adjustments account	Other adjustments account					
 1 Balance at beginning of year 2 Ordinary income from page 1, line 24 3 Other additions 								
 4 Total of lines 1, 2, and 3 5 Distributions other than dividend distributions 6 Loss from page 1, line 24 7 Other reductions 								
8 Add lines 5, 6, and 7								